

Receipt  
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PATENT

450100-02228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#5

Applicants : Shinichiro GOMI et al.  
Serial No. : 09/464,161  
Filed : December 16, 1999  
For : IMAGE PROCESSING APPARATUS, IMAGE PROCESSING  
METHOD, PROVIDING MEDIUM, AND PRESENTATION SYSTEM  
Art Unit : 2721

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Joe H. Shallenburger, Reg. No. 37,937

Name of Applicant, Assignee or  
Registered Representative

*Joe H. Shallenburger*  
Signature  
March 30, 2000  
Date of Signature

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REQUEST FOR CORRECTED FILING RECEIPT

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Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

This is a Request to correct the Filing Receipt issued in  
the above-identified application.

Under Foreign Applications:

Please delete "JAPAN 10188623 07/03/98".

The foregoing changes are needed to correct inadvertent  
errors, as evidenced by the Declaration submitted with the patent

application. A copy of the Filing Receipt with the requested correction(s) noted thereon in red ink is enclosed.

The issuance of a corrected Filing Receipt is respectfully requested.

Please charge any fees required for this correction or credit any overpayment to Deposit Account No. 50-0320.

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

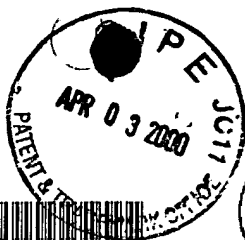
By: 

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## FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	Not CLAIMS	IND CLAIMS
09/464,161	12/16/1999	2721	1202	450100-02228	17	NOT CENTER 2700	RECEIVED APR 10 2000

WILLIAM S FROMMER  
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Date Mailed: 03/16/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

## Applicant(s)

SHINICHIRO GOMI, CHIBA, JAPAN ;  
KAZUHIKO UEDA, KANAGAWA, JAPAN ;

## Continuing Data as Claimed by Applicant

## Foreign Applications

JAPAN 10-358806 12/17/1998  
~~JAPAN 10188623 07/03/1998~~

If Required, Foreign Filing License Granted 01/28/2000

## Title

IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD, PROVIDING MEDIUM  
AND PRESENTATION SYSTEM

## Preliminary Class

382

Data entry by : HARDY, EUGENIA

Team : OIPE

Date: 03/16/2000



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Bib Data Sheet

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<b>SERIAL NUMBER</b> 09/464,161	<b>FILING DATE</b> 12/16/1999 <b>RULE</b> -	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2721	<b>ATTORNEY DOCKET NO.</b> 450100-02228
<b>APPLICANTS</b> SHINICHIRO GOMI, CHIBA, JAPAN; KAZUHIKO UEDA, KANAGAWA, JAPAN;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-358806 12/17/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/28/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 9
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> WILLIAM S FROMMER FROMMER LAWRENCE & HAUG LLP 745 FIFTH AVENUE NEW YORK ,NY 10151				
<b>TITLE</b> IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD, PROVIDING MEDIUM AND PRESENTATION SYSTEM				
<b>FILING FEE RECEIVED</b> 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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